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AUTHOR Schneider, Karl A.; And Others
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ABSTRACT

This paper describes the results of the first year of the Eagleville Reading Academy and Satellite Program, a demonstration project funded by the U.S. Office of Education, Right to Read. Eagleville Hospital and Rehabilitation Center treats addicts and alcoholics in a combined abstinent therapeutic community program setting. The goals of the Eagleville Reading Academy Grant are as follows: (1) To demonstrate the necessity of individualized adult personalized education assistance for addicts and alcoholics as an integral component of the addiction/treatment rehabilitation process in the therapeutic community; (2) To develop a model program which involves a team concept of professionally accredited teachers working with a core group of trained volunteers who will work in concert with a resident/candidate; (3) To create a variety of methods, approaches and particularly high interest materials; (4) To offer referral and follow-up services linking to other adult educational programs when patients leave the Eagleville program; and (5) To offer an evaluation process of the effect of education on recovery and to provide data concerning this relationship. Eagleville's first-year operational data indicate that remedial education is an integral component for patient recovery in drug and alcohol rehabilitation programs. (Author/JLL)

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"Reading and Writing: Adult Education in Comprehensive Combined Addiction Treatment: Needs, Problems, Benefits"

by

Karl A. Schneider, M.Div., M.A. (Alcohol Studies),
Project Director, Eagleville Reading Academy
and
Janet Stokes, M.A., Department of Research
Eagleville Hospital and Rehabilitation Center
and
Thomas Mellon, M.A., Director of Vocational Services
Eagleville Hospital and Rehabilitation Center

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Special thanks are due to the students of the Eagleville Reading Academy and particularly to the pioneer teachers, Nate Davis and Nancy Smith, along with the teaching support of Mitch Rohlfs and Pauline Rekstad. Other staff persons whose services have made this paper possible include Joyce Stager, Gloria Whistler and Marion Klugman.

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This paper describes the results of the first year of the Eagleville Reading Academy and Satellite Program, a demonstration project funded by the U.S. Office of Education, Right to Read, Grant #G007507181, 7/1/75-76.

Eagleville Hospital and Rehabilitation Center, located near historic Valley Forge, Pa., outside Philadelphia, treats addicts and alcoholics in a combined abstinent therapeutic community program setting.

A description of the development and data from our experience with some 410 enrolled students, both addicts and alcoholics, and the relationship between improved educational skills and recovery from addiction, and the interface and impact on the treatment process and the total recovery program of this abstinent therapeutic community is provided. Evaluation and pre-and-post testing are an integral part of the program.

In order to better understand the challenge presented by integrating personalized adult education into an addiction treatment/rehabilitation program, it is necessary to describe the program and the patient population in brief.

Eagleville is a private, non-profit, JCAH accredited hospital devoted to treatment, training and research for alcoholism and drug addiction. At Eagleville, which is a therapeutic community, the treatment regimen includes individual and group therapy, counseling, occupational, recreational and educational therapy, industrial therapy, vocational training, physical rehabilitation, family therapy, and general medical care, for both men and women.

Eagleville's complete residential program invloves two months inpatient care for 126, and for some 50/60 who wish to continue treatment,

a six-month work/therapy (Candidate) program, followed by four months at the Halfway House in the nearby community, Norristown, Pa. Other program components in Norristown include a Day Hospital and Outpatient Clinic, and Family House, a program for women with day care for their children, as well as an alternative school for adolescents in nearby Bridgeport. Eagleville also operates two drug and alcohol outpatient programs in two suburban counties, plus a family program in Philadelphia.

A brief description of the characteristics of the residents follows. (Resident is the term applicable to the patient in the first part, the intensive 60-day in-patient phase of the program).

The patient population is equally divided among drug addicts and alcoholics and between Blacks and Whites; 86% are men and 14% women. There is a wide spread in age, with the majority in the younger adult years. The majority (62%) are from the Philadelphia area. Many report difficulties in school, both in concentrating and learning, including having to repeat grades, and behavior problems resulting in suspension and expulsions. For example, 50% were suspended at least once, 32% more than once.

As might be expected, their work histories are very poor. Only 12% were employed just before entering Eagleville, 44% were on welfare, and 12% supported themselves by illegal means. They have extensive criminal justice histories; 32% entered the treatment program directly from prison (29% from hospitals or other treatment centers, and only 39% directly from the community). At the time they entered treatment, 60% were either on parole, on probation, or awaiting trial.

To summarize, their educational accomplishments and histories are very poor, their vocational achievement minimal, and they have extensive criminal justice histories. These three areas of functioning are, of course, integrally related to each other. Our experience has shown that making up for the educational deficity is essential for the success of the vocational rehabilitation of the alcoholic or addict, and that without the possibility of achieving a solid vocational rehabilitation, involvement with the criminal justice system is likely to continue.

Establishing the Need

In an effort to clearly demonstrate the need for the program, we examined the social and psychological histories of our residents. A survey based on a sample of 261 residents, admitted in 1974 was conducted to establish a figure for potential enrollment. The results of intermittent efforts to provide tutoring were also examined.

In treating alcoholics and addicts at Eagleville, we have learned that low self esteem, reinforced by failure in traditional school settings, is a strong contributing factor toward addiction. Our research, based on examination of individual psychological and social histories, indicates that the initiating experiences of alcohol and drug abuse among our patient population began at about age 13, at a life stage in which difficulties in reading, spelling and arithmetic skills become apparent, when the traditional school curriculum begins to make demands that the functioning illiterate student cannot meet. This, coupled with the emotional stress of adolescence, sets some young people up for failure by

destroying their confidence in their potential for success. An escape through addiction is not uncommon because chemical addiction thrives on low self-esteem. When the addict or alcoholic is functionally illiterate, he/she experiences fear of discovery and fear of rejection (I can't read/write/add a column, etc.) These fears help to reinforce the low self-image. Drinking and drugs become a way to relieve these bad feelings when other coping mechanisms are lacking. The cycle of illiteracy, low self-image, and addiction repeats itself, and the patient sees no way out.

Psychological testing which takes place as part of the regular admission procedure at Eagleville indicates a great need for remedial education. The following tests are used: Scholastic College Achievement Test, Gates MacGintie Reading Tests, Bender Gestalt, Revised Beta Examination, Wide Range Achievement Test, Tennessee Self Concept Test, Mooney Problem cheek list, Rotner Incomplete Sentence Blank, Draw a person. These tests indicate that most of our patient population were reading at 2-3 grades lower than the last grade attended.

Potential Enrollment for Personalized Adult Education in the Eagleville Network

In determining the extent of the need for education within the Eagleville network, a survey sample of 261 persons admitted in 1974 to the Resident (basic 60-day inpatient program) phase, a survey of 100% case histories of 157 candidates admitted in 1974 (4-6 months post inpatient program), plus a 100% survey of 49 cases admitted to the Halfway House, plus a projection based on 220 cases from the 1974 Annual Report

of the Day Hospital and Outpatient Clinic, located in nearby Norristown was conducted. For the purpose of establishing the potential enrollment, four criteria were examined:

1. Level of grade last completed (Grade 4 and below, Primary; Grade 8 and below, Secondary; Grade 10 and below)
2. Number who are vocationally handicapped*
3. Number who have reading deficiencies**
4. Number who are without high school diploma

*Vocationally handicapped was interpreted to mean the patient could not obtain an entry level job in his/her appropriate (established by vocational assessment techniques) vocational area due to lack of education and primary reading skills. 63% were considered vocationally handicapped in the inpatient and 51% in the candidate program; 54% in the Halfway House and Outpatient Clinic.

**Reading deficiencies were interpreted to mean reading at least 2-1/2 grades lower than last grade attended (as determined by standardized psychometric testing). 42% were considered reading deficient in the inpatient program, 41% in the candidate program, 24% in the Halfway House.

When the results of the survey were applied to all the phases of the Eagleville network, including Inpatient, Candidate, Outpatient Clinic and Halfway House, the estimated potential enrollment needing services in 1 year included, 40, Grade 0-4; 362, Grade 6-8; 552, Grade 8-10; 954 had no high school diploma, 904 were vocationally handicapped

and 650 had reading deficiencies. These figures clearly demonstrated the need for an organized program to be integrated within the comprehensive treatment services.

The need for a program was also realized through a variety of pilot efforts from 1972-1975, including the following; tutoring by Great Lakes college students, a limited enrollment participating in busing to classes in Norristown, under the sponsorship of O.I.C. (Opportunities Industrialization Center) as well as an all volunteer tutor effort in 1973-74. Each effort proved to be limited and was not capable of survival, due to a lack of manpower and resources to meet the needs of the potential enrollment, as well as a steady supply of available manpower capable of integrating remedial education into the treatment regimen.

A pilot effort emerged in late 1974-75 when two former patients from the Eagleville program, both of whom were themselves qualified, certified teachers, began a program of remedial education with the support of Mainstream and Manpower programs. This funding expired June 30, 1975

were enrolled monthly in this pilot effort.

A concentrated effort to obtain support from a variety of sources was initiated. The major breakthrough came with the July 1, 1975 awarding of a 3-year demonstration grant by the U.S. Office of Education under the efforts of the Right to Read Program. (Right to Read is a national effort to establish model literacy programs for adults with concentrated use of volunteers). A part of the mandate of the grant was to establish a neighborhood satellite program to serve members of the community-at-large with a supervisory board of community representatives, plus consumers.

Goals of the Eagleville Reading Academy Grant

The goals of the Eagleville Reading Academy and Satellite are as follows:

1. To demonstrate the necessity of individualized adult personalized education assistance for addicts and alcoholics as an integral component of the addiction/treatment rehabilitation process in the therapeutic community.
2. To develop a model program which involves a team concept of professionally accredited teachers working with a core group of trained volunteers who will work in concert with a resident/candidate.
3. To create a variety of methods, approaches and particularly high interest materials.
4. To offer referral and follow-up services linking to other adult educational programs when our patients leave the Eagleville program.
5. To offer an evaluation process of the effect of education on recovery and to provide data concerning this relationship.

To implement the goals of the grant, we were able to secure the services of our two full-time recovering teachers in addition to the services of two CETA Manpower unemployed teachers, one of whom teaches at the Satellite Program located in the Eagleville Day Hospital in Norristown, Pa. Other part-time staff include an evaluator, the services of a vocational counseling coordinator, a volunteer recruiter, part-time teachers, administrative assistant, project director and part-time secretarial services.

In addition to the full-time teachers and part-time staff, the program of personalized education is additionally possible with the use

of volunteers. Three recruitment efforts, coupled with a pre-service and inservice training program, have resulted in a corps of approximately 20 volunteers. Teachers and volunteers work as a team to provide 1:1 non-traditional remedial education. The campus program provides services from 8:00 a.m. - 7:30 p.m. four days a week, plus two Saturdays a month.

Before listing the problems connected with implementation of these goals, it is necessary to understand how the client receives services within the Eagleville network. A diagram in the appendix graphically presents the client's entry into the remedial education program.

The incoming patient (resident) to the inpatient program is first advised of the program by the staff of the admissions department in the intake interview. During the second week, the resident receives feedback from the results of the battery of psychological tests which were administered after the first week. This feedback session is private, or it may be with the presence and support of the group members. Academic and reading deficiencies are openly shared and the individual is asked to enroll in the Reading Academy program.

Resident referrals may then occur as follows: self-referral, or by a combination of catalytic influences from the caseworker, therapist, the group members, or other resident members of the community. Frequently, members of other groups on the unit (the inpatient program is divided into three administrative units of 30-40 resident members) encourage individuals.

Public meetings of the morning community meeting of all the residents and candidates, and most staff, encourage the efforts of successful applicants of the high school equivalency tests (G.E.D., General

Equivalency Diploma). In 1975-76, 55 of the 56 applicants successfully completed the G.E.D. test. Their efforts and personal testimony spur others to enroll.

Every three weeks a session in the addiction education resident seminars deals with the importance of education as an aid for recovery and alternative to addiction.

When the student enrolls, the teacher informally interviews the student and a personal goal determined by the resident is established. Fears, and the difficulties and feelings of failure are reduced by a personable understanding with a 1:1 approach. A short test, the Selectable, helps to determine which of three levels of reading material is appropriate. After an initial period of sessions, a diagnostic test of the appropriate ABLE (Adult Basic Learning Exam) is administered. After 60-90 days a second form of the same level ABLE test is administered. Thus pre and post measures are obtained to demonstrate the improvement in reading scores.

If the resident chooses to return to the community at treatment completion he is referred to other area community basic education programs.

If the resident seeks continued treatment with the Eagleville Day Hospital and Outpatient Clinic, he meets the teacher located at the Satellite at the Day Hospital in nearby Norristown.

If the resident chooses to enter the Candidate 4-6 month work/therapy post-inpatient program, the tutoring continues. After the Candidate program there is the opportunity to continue tutoring at the Satellite, which is 1/2 block from the Halfway House in Norristown.

Every effort is made to help the student reach individualized goals.

For some this may mean the ability to write a letter; for others, to read a driver's manual; for others it means obtaining a high school equivalency diploma.

Our experience shows that both addicts and alcoholics feel "rusty" and have forgotten basic areas of information even if they obtained a high school diploma. The program is structured for successful exposure to information. Knowledge instills confidence, and reduces fears of ignorance and the uncertainty of possible brain damage as a result of addiction.

Clients at the Satellite are referred from the Day Hospital Program staff. Because of program reorganization, the enrollment via the Day Hospital program was limited.

60% of the clients at the Satellite emerged from interesting sources: TV ads for volunteer tutors brought clients; an unemployed main line mechanic saw a Right to Read TV commercial and asked his wife to write to Washington. Washington contacted the Harrisburg Right to Read program, and a referral was received by our Norristown program; a methadone client came to our abstinent outpatient clinic for education; a mental patient with drug problems was referred by Norristown State Hospital, plus word-of-mouth by members of the community.

Problems

Thanks to a dedicated staff, intensely committed to serving as many clients as possible according to their personalized needs, the problems were viewed in the oriental sense of turning the problem of a crisis into an opportunity.

Crisis and crises seem to be part of a drug rehabilitation regimen

whether it be the daily potential crisis of the presence of drugs on the grounds, racial or sexist tensions, or the potential acting out behavior of residents uncertain of the daily choice for sobriety as an alternative to the pressure "to get high".

The crisis which affects the individual I choose to call "the emotionality of enrollment. After a resident makes a commitment to life and sobriety, he attempts to come to grips with "street behavior" and behavior which fosters dependency. In the process, he becomes open, honest, and develops or risks trust. At this time, he may be open to sharing a personal secret, illiteracy. After enrolling and starting tutoring, a periodic crisis which is common to drug therapeutic communities will emerge. The very therapist or group who supported the step to seek education now see a different behavioral response in the crisis, either by involvement, or as a consequence of the crisis. As a result, the emphasis on the resident is solely to modify his behavior pattern and "to deal with your addiction". The net effect is to withdraw from the reading program. Two addages: that education never kept one sober, and the converse -- that the lack of education will add to existing bad feelings and ultimately compound pressures which will keep the individual in addictive behavior, are believed to be true. In the crisis period, a consequence is the person may emotionally be incapable of participating in tutoring. He/she may personally decide that continuing in education may be too much strain or the therapist/group/caseworker may indicate this. How to measure this "emotionality of enrollment" and relate it to dropout rates and discharge figures is a continuing question for evaluation.

There have been organizational/administrative problems or minor crises as the impact of the Joint Commission on Hospital Accreditation and the development of individual treatment goal plans became a reality. All hospital disciplines had to be alerted and re-alerted to the continuing need to integrate education into treatment and discharge plans. In the early months the therapy, social service and post-inpatient Candidate program were regularly advised of the program. This meant a reorientation for staff accustomed to a more confrontive group therapy approach which mandated the individual to "deal with your addiction and your addictive behavior".

The fall of 1975 brought special requirements as a result of PDUR (Pre-Discharge Utilization Review) for Medicaid Assistance patients. Since 85% of our clients receive care from Medicaid Assistance, teachers weekly documented the student's progress for medical records. Since the establishment of PDUR, there is a reduction in the length of the average patient stay, a factor which impacts upon therapy and education.

The therapeutic community offers tremendous support but also presents a daily living crisis for space and primacy of time. The campus program transformed a patient library, originally named A Quiet Place, into an alive learning center. As enrollment increased from 40-50 from the pilot project, to 70-80 monthly, with 45 new enrollments per month, an additional teaching area had to be negotiated with several departments and with the Hospital Space Committee. Competing program activities all sought the student for prime time in the afternoon.

The re-design of data records and the use of the Select ABLE and the ABLE test for pre and post measures was a problem/challenge.

The securing of staff, space and the development of community involvement for the Satellite program in the Day Hospital in nearby Norristown often produced the feeling of being in too many places at the same time, always questioning, "What's happening? How can we reach the clients?"

Meanwhile, the implementation of the goals of the grant was a back-drop for the previously mentioned problem/challenge in the daily foreground. A brief survey of problems connected with each goal will be presented.

Goal 1: To demonstrate the necessity of individualized adult personalized education assistance for addicts and alcoholics as an integral component of the addiction/treatment rehabilitation process in the therapeutic community.

The integration of remedial education and therapy requires understanding and support by the therapist and caseworker. Continuous emphasis and re-emphasis in community situations to integrate the importance of remedial education into the community value system is needed. Personalized instruction requires the setting aside of time on a fairly regular basis for study. This needs to be understood as part of treatment. It requires also that teachers and volunteers understand that individual and community crises may occur in treatment - there may be days when groups continue for hours on end and no patient is permitted to leave a session; i.e., if drugs are found on the grounds. There may be days when the student has worked on sensitive material in group and needs support and reassurance, rather than teaching. There will be times when promising students, or students desperately needing reading skills will be abruptly discharged from the treatment program because of unacceptable behavior; violence, or drug use. The teacher/volunteer must be both sensitive to these pressures

and resistant to these disappointments. In spite of these hazards, we were able to demonstrate in the first six months of the academy that enrollment in it was a substantial and positive motivating force in keeping patients in treatment. As part of the interface between treatment and the reading program, we examined figures relating to length of stay in treatment.

TABLE I

Various Comparisons: Reading Academy Students vs. Balance of EHRC Admissions: Length of Stay in Treatment

	Reading Academy	Bal. of Adm.
1. Percent Completing Residency; not continuing into Candidate	29%	27%
2. Percent entering Candidate program	31%	5%
3. Median days in inpatient	49 days*	35 days
4. Percent Candidates <u>not</u> completing Candidates phase	25%	63%

*Median days stay is calculated for admissions from 7/1/75 through 10/31/75, and for enrollees for the same period, who were discharged by 12/31/75. Inclusion of patients still in treatment gives a median days in treatment (for students) of 54.

Line 2 of Table I indicates students enrolled as residents in the Reading Academy were <u>six</u> times as likely to continue in the Candidate program. A closer examination indicates not mere enrollment but attendance is a factor. High attendance almost doubles the resident's chances of completing treatment.

Line 4 of Table I shows that Candidates not enrolled in the Reading Academy are more than twice as likely to drop out of treatment.

Candidates have a longer stay in treatment and 61% have attended over 30 or more sessions. The shorter resident stay in treatment indicates that 63% of the residents have attended ten sessions or less. Because of the self-selection process of resident enrollment, and the shortened

treatment stay of 35 days, it is difficult to expect residents to attend more sessions.

These items are positive indicators of a relationship between enrollment and treatment retention.

We were able to show that those students with more than average difficulties in reading were those with the least chance of remaining in treatment.

TABLE II

Reading Academy: Comparison of Entry Level Gates-MacGintie Speed/ Accuracy Scores with Type of Discharge from Residency (students not entering Candidate Program) - In Percent

Gates-MacGintie Score	Type of Discharge	
	Regular*	Irregular*
0-3	57%	43%
4-6	60	40
7-9	89	11
10+	75	25
Percent base (N=40 Residents)	(27)	(13)

"Regular" includes all "treatment completed" discharges; "Irregular" includes all others. This table indicates that students with the lowest level reading scores are most likely to be irregularly discharged from Residency; that is, students with the most difficulty in reading have the most difficulty with the treatment program.

As a result, we intensified our efforts to recruit students with the poorest reading skills. Initial reports indicated 50% of the enrollment were readers with an initial Gates-MacGintie Speed and Accuracy score in the grade 4-6 range. Feedback from the teachers and the growing acceptance in the community indicated by increased enrollment, indicate also it is not considered shameful to admit inability to read. This probably helped to contribute to the gradual increase in the number of enrollees in the grade level 0-4, from 15% to 20% in the last six months of the first year.

Goal 2: To develop a model program which involves a team concept of professionally accredited teachers working with a core group of trained volunteers who will work in concert with a resident/candidate.

Initial difficulties were experienced in overcoming the staff reluctance to use volunteers. Volunteers received training, and in many cases, due to difficult family economics, sought and gained employment. Volunteers also expressed fears of the closeness of the tutoring relationship; some expressed initial reservations in terms of culturally relating to the treatment population which included many from recent contact with the criminal justice system as well as that 50% of the students were black. Some volunteers were doubtful of their ability to teach and feared to take the plunge. Monthly inservice sessions with a reading consultant helped with techniques to be used. The individual growth and sharing of personal experiences by the teachers was perhaps more helpful in overcoming the above mentioned fears.

The fact that punctuality is a new behavior for many addicts and alcoholics in treatment causes difficulty for the volunteer tutor with regard to appointments and commitments. Again, as more students enroll and good study habits become a community norm and attendance becomes regular, both students and volunteers appreciate the value of the relationship. Students are disappointed if their usual volunteer happens not to be present on a particular day. In a few cases, the student and the volunteer tutor have developed continuing mutual commitments for learning.

Goal 3: To create a variety of methods, approaches and particularly high interest materials.

As a result of the grant an intensive search was conducted to purchase a variety of adult education materials. Because of the Right to Read emphasis on functional illiteracy, it is a continuing search to develop high interest materials that speak to real life situations. The use of sample job applications, and/or resume, social security card, become effective and

relevant to the functionally illiterate adult. The University of Austin has recently developed studies and concepts based on Adult Performance Level tests which indicate the competencies necessary for life survival skills. A ready supply of materials appropriate to basic reading levels and relevant to life survival skills is in short supply. Materials need to be developed which utilize these competencies in the areas of consumer education, health education, problem solving, transportation, basic computation, utilization of community resources, and government and law.

The tutor and teacher are constantly challenged to be creative and practical, to find high interest material for each student's level. This means effort is rewarded with the student's new respect for stimulating education taught non-traditionally in the ambience of a personal learning relationship for both teacher and student.

Goal 4: To offer referral and follow-up services linking to other adult educational programs when our patients leave the Eagleville program.

Whenever teachers are aware of a resident's discharge plans, phone contact and client appointments to other adult education programs are established. Unfortunately, we have not been able to contact referral programs on a systematic basis. We have occasional reports of the successful completion of a goal by a former student through return visits or a phone call to the former teacher. It has been very difficult, if not impossible, to offer referral services to residents not completing treatment, due to rapid turnover or irregular discharges.

Goal 5: To offer an evaluation process of the student before, during and after tutoring.

Goal 6: To offer an evaluation process of the effect of education on recovery and to provide data concerning this relationship.

Changes in the research design caused special problems for data collection, as the use of the ABLE (Adult Basic Learning Exam) was chosen

to replace the Gates-MacGintie test. The ABLE test was preferred over the Gates as it measured functional illiteracy rather than traditional academic items geared to school-age pupils still in school. Because of the change-over to the ABLE test, and time intervals between tests, it was not possible to secure post-test measures on a sufficient number with the sole use of the ABLE test. Pre and post measures were still checked with the Gates, which met standards applying to functional skills. The vocational counselors also used other progress tests to measure behavioral outcomes; i.e., the Informal Reading Scale, Employee Aptitude Survey, School and College Ability Test, and the results of the G.E.D. test.

Table III lists the achievement and progress and behavioral outcome of a pilot group of rehabilitation clients who were followed up for a period of six months to a year from entrance into the Reading Academy as residents, and who continued as students while candidates. These clients all completed the following behavioral indicators: completion of job application forms, social security and identity applications, income tax forms, admission and financial aid forms, driver's license questions, or understood mass transit schedules. In addition, they role-played interview situations. They were checked as to whether they were employed or admitted to a training or education institution, whether they maintained abstinence with no readmission to a detoxification agency. Vocational counselors also rated them with regard to the degree of anxiety or confusion in interview situations.

The improvement in reading scores was measured by using the entrance Gates score provided by the screening of the Psychology Department, or last grade successfully completed, compared with progress scores on Gates and other standardized achievement tests (ABLE, Employment Aptitude Survey, GED or School and College Achievement Test.) Grade 0-3, 15%, increased

an average of 4.1 grades; Grade 4-6, 26%, increased an average of 4.4 grades; Grade 7-9, 25%, increased an average of 3.5 grades; Grade 10+, 34%, increased an average of 1.9 grades.

TABLE III

Full-Year Report: Pilot Testing Group on Progress - Candidate Program Candidate Graduates* of Eagleville Reading Academy

N=60

Entrance Level	No. of Participants	Percentage	Average Grade Level Gain**	Age of Participants 16-18	19-25	26-35	36 Above	Bk.	Wh.
0-3	9	15%	4.1	0	1	5	3	8	1
4-6	16	26%	4.4	0	4	6	6	14	2
7-9	15	25%	3.5	1	5	7	2	9	6
10 & Above	20	34%	1.9	0	8	7	5	10	10
TOTAL	60	100%		1	18	25	16	41	19

*Graduates refers to those candidates who have 2 months inpatient, 6 months candidate (post inpatient work and therapy) and have returned to their community

**Calculated by comparing entrance screening level by Psychology Department determined by socre of Gates-MacGintie Reading Scale (speed and accuracy subtest) (or last grade successfully completed while in school system) and progress score on standardized achievement tests (ABLE, E.A.S., G.E.D., or SCAT).

Enrollees in all grade levels showed progress throughout age, racial and sex subgroups. (See appendix for an examination of individual case histories.) 27% of the group were 36 years or older and lacked formal education credentials, had a medical history of alcoholism or drug addiction, plus a poor job skill record. This group did develop many needed skills.

The summary of behavioral outcomes for the pilot group of former students of the ERA shows two physically disabled and unable to work, and two relapses, of a total of 60 who were followed up for a period of six months to a year from entrance into the Eagleville Reading Academy.

70% are employed in full-time positions; 3% are in part-time employment; 10% are in full-time education programs; 25% received their GED, high school equivalency diploma; 60% are enrolled in continuing education; 13% are accepted in either trade or technical school; 4% are accepted in on-the-job training; 28% are accepted in college. This is a truly amazing picture when one thinks of the exceptionally difficult labor market with waiting

lists for on-the-job training positions and personal selectivity factors in hiring, this group of 60 trainees has done exceptionally well.

Significantly, 60% have continued their education after leaving Eagleville. Some come after work to continue to develop their skills; notably, 14 of the 25 in the grade o-3 and 4-6 grade level. In all, 76% of the 0-6 grade are continuing in education even though they have a full-time job, and full living responsibilities. Overall, 95% of the graduates are already in positions which improve the quality of their life.

It should be noted that no special placement activities were provided for ERA graduates than for non-ERA clients. The ERA graduates simply performed more successfully.

Because some of the graduates completed the program and have been in independent living for only a short period of time, more relapses are likely. However, the high success rate of earlier graduates who have not had the benefit of the structure these graduates have developed for themselves leads us to hope that this group of 60 ERA graduates will maintain their personal standards. This will be an interesting follow-up for the second year.

Table IV follows.

TABLE IV

Behavioral Outcome Summary of Pilot Group Completing Eagleville Reading Academy - Full Year Report
June 30, 1976

Entrance Grade Level	No. of Participants	Full-Time Employment	Part-Time Work	Full-Time Voc. Tr.	Full-Time Educ.	Other**	Got GED	Cont. Educ.	Acc. Trade/ Tech. Sch.	Acc. OJT	Acc. Coll.
-3	9	6	0	1	1	1**	0	7	2	6	0
-6	16	8	2*	4	1	1**	1	7	2	8	1
-9	15	14	0	0	1	0	6	7	2	9	4
0+	20	14	0	2	3	1**	8	15	2	5	12
TOTALS	60	42	2*	7	6	3	15	36	8	28	17
%	-	70%	3*	12%	10%	5%	25%	60%	13%	47%	28%

*These two enrollees were practically physically disabled and unable to work full-time.
**Two relapsed and returned to treatment; one awaiting acceptance or rejection to Technical School.

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The question of the improvement of the relationship of education to recovery is closely connected with improvement of the individual's self-image. Repeatedly, individuals, particularly candidates, have shared how good they feel about individual progress in relation to the concrete growth, i.e. improved grade levels in reading, or the ability to write a letter. These are real attainments as contrasted with intangible behavior goals which only show improvement over periods of time or through feedback measures, which individual factors improve the self-concept.

It was not possible to offer the Tennessee Self-Concept as a pre-and-post test for a substantial number. It was given upon entrance by the psychology department and again upon admission to the Candidate program and 90 days later for 11 candidates in the ERA. When grouped together, the sample, though inadequate, indicated that these ERA candidates had moved from a patient profile, to well within the normal range of self-concept scores. When these TSC scores were cross-tabulated with attendance, there was a clear, positive association.

The second year will seek to clarify this potential trend for improvement in self-concept scores and seek to clarify the relationship with tutoring.

Case Histories

Time does not permit appropriate detail of the real live stories of growth from unmotivated to a "turned-on" learner. The names of the individuals have been concealed in the three case histories which follow.

Clara M., alcoholic, age 30.

Clara was born of illiterate parents. She attended school formally for only a few years, owing to several prolonged illnesses, and never really learned to read. She developed a variety of strategies to hide her illiteracy, such as getting others to read for her by claiming bad

vision, etc. She feared revealing this deficit because it would mean further rejection and lower an already poor self image. Heavy, abusive drinking began during early adolescence in order to hide feelings of inadequacy and gain acceptance. In group therapy, the fact that she couldn't read slipped out when she was not able to read a set of written instructio she was asked to complete. After the catharsis of many years' accumulated self hate and self rejection, her fellow group members insisted that she make a tutoring appointment for one-to-one tutoring, and, in fact, came with her to the school room. Today, Clara takes books of poetry out of th library "for fun". She also feels confident. She can go to a store and add and subtract items to be purchased. Because she experienced continuin support from her teacher and group, she was able to progress from words to short stories in her reader in a short time. She also serves as the secretary of the Community Council, a resident and staff governing body, a position she could not have filled before her tutoring experience. Unfortunately Clara could not continue her education as a candidate. She was referred to an adult education program in her community in a nearby st

John P., alcoholic, age 36

John began regular daily drinking at age 13 that led to disorderly conduct in school and eventual expulsion from the ninth grade. He was a poorly disciplined student, easily frustrated by inability to do work assignments and acted as a bully to conceal his poor self-image as a stude He was vocally critical of teachers and academic achievement. Vocationall he worked at a series of outdoor he-man labor type jobs. He always secret wanted to increase job responsibility but was unable to advance because he lacked the required high school diploma. Abusive drinking was one way he denied feelings of resentment and hurt. He entered the Eagleville program in May, 1975, and continued on to the second level, or candidate program,

in July, 1975. He was encouraged by his therapist and peers to prepare for a high school equivalency exam. However, his comprehension and writing skills proved deficient. He enrolled in the tutoring program, and with much help of volunteer tutors and completion of many practice tests, he passed the high school equivalency test. In the process, he learned the discipline of study. "Tutoring for the GED made me feel good about myself," he said. After completing the candidate program, John decided to continue his education and enrolled in two courses taught by Montgomery County Community College. The courses are held at 5:00 p.m. on the grounds of the hospital as part of Eagleville's involvement in continuing education. John's vocational plans are uncertain, and are not even a part of his decision to continue his education. "The college courses will not hurt me," he said. "They can only help."

Paul L., alcoholic and drug addict, age 24

Paul's normal school experience ended at grade 3 when he was remanded to a special class. From there, he was regressed from disciplinary classes to reform school and then to a pattern of drug and alcohol abuse in association with criminal activity and incarceration in prison. His reading level was poor. He resisted educational opportunities while in prison because of fear of showing his scholastic deficits. He entered the inpatient program in September, 1975. The inpatient phase concentrated on motivating him to develop a total rehabilitation program including education. He rejected this goal until he entered the candidate program, the second phase of treatment; there he agreed to participate in the remedial reading program so that he could learn to write his daily schedule, an assignment in his group. After a month of special help, he was able to complete this task. With volunteer tutors, individual teaching, much homework, and peer

support, his future plans have expanded to become a union carpenter. He expects to take the GED, high school equivalency test, for which he will continue to be tutored, and hopefully, will be equipped to pass the written tests for carpentry.

RESULTS AND BENEFITS

The establishment of the Reading Academy program at Eagleville has benefited the individual patients and enlarged the rehabilitation options available within the array of Eagleville treatment services. The patients entering into the Reading Academy program at Eagleville have started a process that can lead to a reversal of a pattern of self destructive existence to one which is characterized by sobriety, productivity, self-sufficiency, and community responsibility. The discovery of feelings of adequacy and worth achieved by success in the classroom is a clinical phenomenon we have encountered repeatedly in our existing remedial efforts. The newly found feelings become alternative ways of "getting high" and lead to perceptively different feelings of increased self esteem and confidence. Successful completion of a graded series of steps in the classroom becomes a powerful example of our capacity for gaining control over one's life, whereas formerly everything was viewed as being predestined or lying out of one's sphere of influence. The exhilaration connected with completion of a task in an orderly sequential fashion is a novel experience that instills immediate pride and energizes future aspiration and motivation. Support and encouragement from staff care givers and peers nourish the involvement of a whole person in a comprehensive examination and rechanneling of one's life style and goals. It carries along with the change a learning to cope with time, both in the here and now and toward a defining future. Each success bathed in support and personal growth reinforces hopes and realization of potential with subsequent discovery of realistic and

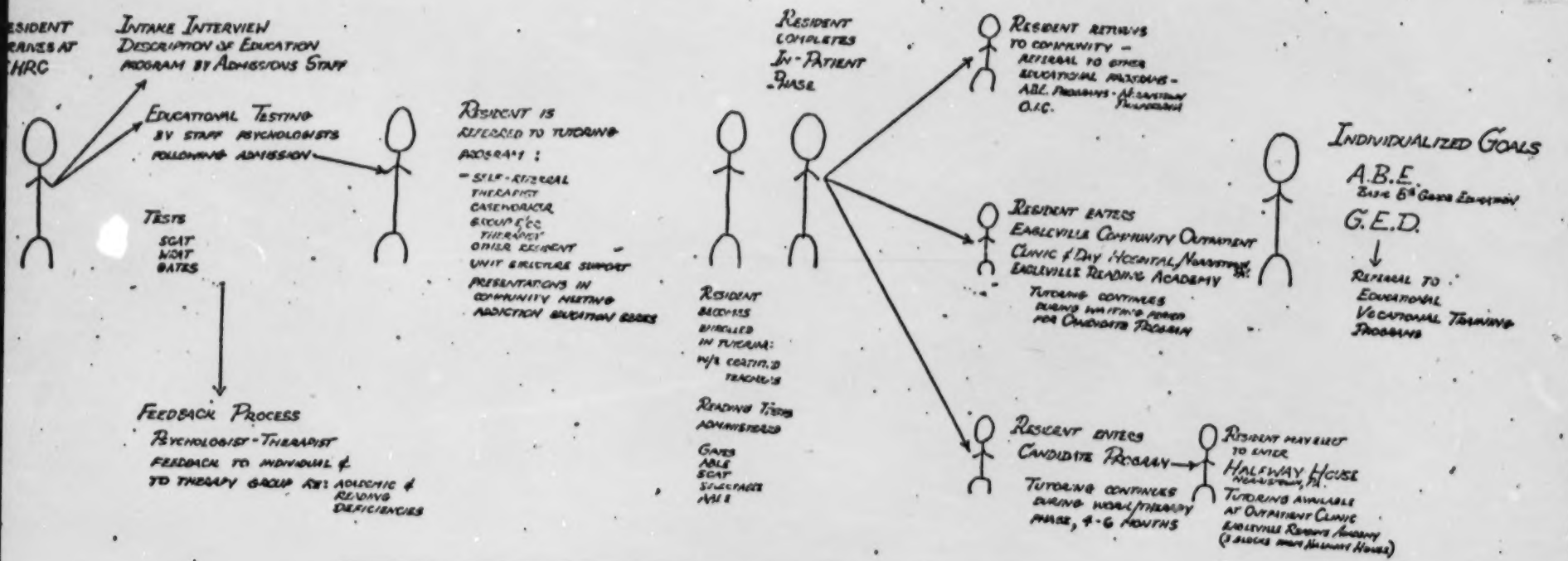
meaningful choice. Relationships with teachers and tutors expand in their social impact importance and lead to healthy socialization with the "straight and square" world. Sharing of one's experiences with re-education leads to patients serving as role models to others, which enhance levels of self esteem.

The teaching methods and material that we are developing and use will benefit us in our carrying a Reading Academy program into the community for continuity of services as well as reaching other addicted and non-addicted populations of troubled learners.

Finally, as students gain the tools to qualify for future training, learning and skill development, they are able to apply and qualify for new job opportunities, become less dependent on welfare, reduce criminal behavior and enhance the quality and direction of their life and that of their families, friends and communities.

In conclusion, we feel the ERA approach to personalized adult education as demonstrated by behavioral outcomes of our first year of operation is viable for the Eagleville therapeutic community and the combined treatment and rehabilitation program for persons recovering from drug and alcohol addiction. Our experience indicates that remedial education is an oft-neglected, integral component for recovery and deserves serious consideration for inclusion in the continuum of services for drug and alcohol rehabilitation programs.

APPENDIX


RESIDENT ARRIVES AT HRC
INTAKE INTERVIEW
DESCRIPTION OF EDUCATION PROGRAM BY ADMISSIONS STAFF
EDUCATIONAL TESTING
BY STAFF PSYCHOLOGISTS FOLLOWING ADMISSION
TESTS
SCAT
WRAT
GATES
FEEDBACK PROCESS
PSYCHOLOGIST - THERAPIST
FEEDBACK TO INDIVIDUAL & TO THERAPY GROUP RE: ACADEMIC & READING DEFICIENCIES
RESIDENT IS REFERRED TO TUTORING PROGRAM:
- SELF-REFERRAL
THERAPIST
CASEMANAGER
GROUP &/or THERAPIST
OTHER RESIDENT
UNIT STRUCTURE SUPPORT
PRESENTATIONS IN COMMUNITY MEETING
ADDICTION EDUCATION CLASS
RESIDENT COMPLETES IN-PATIENT PHASE
RESIDENT ACCESS ENROLLED IN TUTORING:
M/F CERTIF'D TEACHERS
READING TESTS ADMINISTERED
GATES
ABLE
SCAT
SELECTED MAT
RESIDENT RETURNS TO COMMUNITY - REFERRAL TO OTHER EDUCATIONAL PROGRAMS - ABE, PROGRAMS - ALTERNATIVE PROGRAMS O.I.C.
RESIDENT ENTERS EAGLEVILLE COMMUNITY OUTPATIENT CLINIC & DAY HOSPITAL/NARSTOW EAGLEVILLE READING ACADEMY
TUTORING CONTINUES DURING WAITING PERIOD FOR CANDIDATE PROGRAM
RESIDENT ENTERS CANDIDATE PROGRAM
TUTORING CONTINUES DURING WORK/THERAPY PHASE, 4-6 MONTHS
RESIDENT MAY ELECT TO ENTER HALFWAY HOUSE NORRISTOWN, PA.
TUTORING AVAILABLE AT OUTPATIENT CLINIC EAGLEVILLE READING ACADEMY (3 BLOCKS FROM HALFWAY HOUSE)
INDIVIDUALIZED GOALS
A.B.E.
BASIC 6th GRADE EDUCATION
G.E.D.
REFERRAL TO EDUCATIONAL VOCATIONAL TRAINING PROGRAMS

THE TUTORING PROGRAM IN A THERAPEUTIC COMMUNITY - EAGLEVILLE READING ACADEMY

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The individual tables listed in this section are the result of the breakdown of cases grouped by reading grades as mentioned in a total summary, Table IV, p. 21.

Exhibit A	Grade 0-3
Exhibit B	" 4-6
Exhibit C	" 7-9
Exhibit D	" 10+

Exhibit A

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full-Year Report (Entering 0-3 Grade Level)

ade	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
-5	Ferdinand	26	Black	Male	Non-reader	+2.2*	Obtained Voc. training as welder, and subsequently hired
-1	Karl	29	Black	Male	Non-reader	+6.0**	Employed by O.I.C. in Housekeeping. Also continuing education and starting vocational training
c-2	Rosetta	31	Black	Female	Non-reader	+6.0**	Obtained house through Redevelopment Authority. Has family, and continuing education in A.B.E.
-9	Tom	38	Black	Male	Non-reader	+3.0***	O.I.C. air-conditioning training
-4	Adam	28	Black	Male	Non-reader	+2.3***	Transferred to Halfway House Program outside EHRC
-1	David	20	Black	Male	Non-reader	+2.8****	Employed as maintenance worker in job training position
1	Jim	26	Black	Male	Non-reader	+4.2****	Employed in building maintenance; attending A.B.E.
2	Sally	36	Black	Female	3.3 grd. lvl.	+3.2**	Working as switchboard operator and counselor aide; continuing at Reading Academy
3	Pete	50	Black	Male	Non-reader	+7.8**	Employed at Food Service company; continued tutoring at O.I.C.

mployee Aptitude Survey
dult Basic Learning Exam

***Informal Reading Scale
****Peabody Indiv. Achv. Test

References

1. Barr, H.L., D.J. Ottenberg and A. Rosen. "The Cross-Use of Alcohol and Drugs by Addicts and Alcoholics - I - Patterns of Previous Abuse of Alcohol in a Group of Hospitalized Drug Addicts," Drug Forum, Vol. 4, No. 1, in press; 1973 Proceedings: Fifth National Conference on Methadone Treatment, Vol. 1, March, 1973, pp. 306-315.

2. Kutner, Sol, "The Impact of a Therapeutic Community on the Self Concept of Drug Dependent Males: A Resocialization Viewpoint", Temple University, unpublished dissertation, May, 1974.

3. Rinella, Vincent, A. Rosen, "Rehabilitation or Bust: The Impact of Criminal Justice System Referrals on the Treatment of Drug Addicts and Alcoholics in a Therapeutic Community". Paper presented at ADPA Conference, Chicago, Illinois, September, 1975.

Exhibit B

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 4-6 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
G-3	Frank	39	Black	Male	6.8	+2.5*	Worked initially as carpenter's helper, and then hired as nurses' aide (O.J.T. position)
I-8	Sam	31	Black	Male	3.7 (nb)	+4.3**	Working in Housekeeping; attending Satellite Reading Academy
K-2	Boris	36	Black	Male	3.7 (nb)	+3.0**	Working in Dietary Department of a hospital
C-6	Richard	33	Black	Male	5.6(nb)	+4.4*****	Accepted in vocational training program as welder
M-2	Bryan	31	Black	Male	4.6(nb)	+5.4*****	Hired as Residence Counselor
T-1	John	42	Black	Male	5.1(nb)	+6.9**	Working part-time (due to physical disabilities) as YMCA desk clerk
T-5	David	24	Black	Male	6.2	+6.8**	Working in Housekeeping Dept. of hospital; attending Reading Academy
P-7	Rita	33	Black	Female	5.1(nb)	+7.9**	Accepted to Community College Nursing Program
M-1	Paul	39	Black	Male	4.6(nb)	Refused re-testing	Accepted at a tailoring school
M-5	Pearl	42	Black	Female	5.6(nb)	Obtained GED +7.4**	Hired as office clerk

(continued)

Exhibit B

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 4-6 Grade Level)

de	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
3	Willie	43	Black	Male	3.7(nb)	+4.9**	Partially physically disabled; working part-time as handyman and attending Reading Academy
7	Sean	27	Black	Male	4.1	3.3*	Maintenance worker at Recruiting Center
11	George	24	White	Male	4.6	.2**	Working and O.J.T. on switchboard and attending O.I.C. Basic Ed.
15	Joe	25	Black	Male	5.6	4.4**	Attending O.I.C. Job Readiness Program to help in obtaining a job
2	Chaim	26	Black	Male	6.8(nb)	No change	Relapse; returned to treatment
7	Louise	23	White	Female	Attend to 11th but tested at 5.6	4.4**	In training for Residence Counselor position for Rehabilitation Program

*Employee Aptitude Survey
**Adult Basic Learning Exam
***Informal Reading Scale
****Peabody Individual Achv. Test.
*****S.C.A.T.

(nb) - These enrollees showed signs of impaired thinking process, memory, and perceptual skills in medical, psychiatric and psychological examinations. Three (3) were high school graduates. (See text for discussion).

Exhibit C

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full-Year Report (Entering 7-9 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
A-9	Flipp	24	Black	Male	8.0	No change**	Working in Housekeeping
C-3	Carlos	41	Spn.	Male	4.6(nb)	Obtained GED 8.4	Accepted to Community College; practicing clerical skills
H-3	Coretta	33	Black	Female	Attended to 9th but test. at 12.0	Obtained GED +4 by attendance +1 by achiev.	Working as shippi. , clerk. Enrolled in O.I.C. Secretarial program; accepted to Community College
P-6	Ralph	28	White	Male	8.6	Obtained GED +4.4**	Worked summer odd jobs; will enter Community College in the Fall
A-1	Harry	25	Black	Male	H.S. grad. but tested at 9.2	3.8***	Employed as Nurse's Aide; accepted to X-Ray Technician School
A-2	Mike	31	White	Male	H.S. grad. but tested at 9.2	3.8*	Employed in building maintenance and has received promotion
M-3	Debbie	28	Black	Female	8.0	Obtained GED +5.0	Employed as office clerk
T-3	Ed	17	White	Male	Attended to 9th but tested at 11.0 level	Obtained GED +4 by attend. +2 by achiev.	Employed as a roofer; applied to Community College

(continued)

Exhibit C

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 7-9 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
T-2	Odetta	28	Black	Female	H.S. grad. but tested at 8.0	4.0*	Working as Research Clerk
V-1	Jimmie	21	White	Male	H.S. grad. but tested at 9.2	3.8**	Hired as plumber/electrician helper
L-6	Carol	27	White	Female	6.8	1.9**	Hired as Recreation Counselor
H-7	Sammie	25	Black	Male	H.S. grad. but tested at 7.4	2.6**	Hired as Recreation Counselor
B-9	Bud	29	White	Male	9.0	Obtained GED +4.0	Working as a roofer
S-9	Klaus	23	Black	Male	Recvd. GED 7.4	4.6*	Hired as Recreation Counselor
C-9	Avery	40	Black	Male	Has H.S. diploma but tested at 9.2	3.8**	Employed in Housekeeping

*Employee Aptitude Survey
**Adult Basic Learning Exam
***Informal Reading Scale
****Peabody Indiv. Ach. Test.
*****School & College Ability Test

Note: Case C-3 - Spanish speaking in previous educational background.

Exhibit D

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 10+ Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
B-6	Hal	43	Black	Male	9.8	Obtained GED +3.2**	Accepted to Community College; working as Physical Ed. Assistant (O.J.T.)
B-7	Mary	26	White	Female	11.0	Obtained GED +2.0	Accepted to Community College; employed on switchboard
O-1	Donald	24	White	Male	Attended to 10th but tested at 12.0	Obtained GED +3.0 by attend. +1.0 by achiev.	Accepted to Community College; summer work as sanitation worker
O-5	George	33	White	Male	Attended to 10th but tested at 12.0	Obtained GED +3.0 by attend. +1.0 by achiev.	Initially employed in construction; now as Adolescent Counselor; Community College part-time
F-2	Ben	25	Black	Male	10	No measurable change	
C-7	Herb	50	Black	Male	Attended to 10th but tested at 12.0+	Obtained GED +3.0 by attend. +1.0 by achiev**	Working as correspondence clerk; planning to attend Community College part-time
I-7	Syl	25	White	Male	H.S. grad but tested at 10.4	+1.1**	Attending Voc. Training Prog. at O.I.C. for mechanics
K-1	Dexter	37	Black	Male	H.S. grad but tested at 10.4	+2.6**	Hired as boiler room operator - O.J.T.
L-4	Gene	22	White	Male	9.8	Obtained GED +3.2**	Worked summer odd jobs while awaiting Fall start of Community College
P-4	Milburn	38	Black	Male	10.4	2.8**	Attending O.I.C. to continue GED work

**Adult Basic Learning Exam

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 10+ Grade Level)

ode	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
-2	Ann	29	White	Female	10.4	2.6**	Accepted to Community College
-8	Carrie	21	Black	Female	9.8	Rec. GED +3.2	Working as Residence Counselor; will attend college part-time
-1	Carl	30	White	Male	H.S. grad. tested at 12.0+	+1	Working as Residence Counselor (O.J.T.); attending Community College part-time
-7	Moe	24	Black	Male	10.4	2.6**	Hired as carpenter's helper, and obtained promotional job as maintanence worker at higher pay.
-5	Francis	29	Black	Male	11.0	+2.0**	Accepted to Electronics School
-12	Frederick	25	White	Male	H.S. grad. tested at 12.0+	+1.0**	Summer work; attending Community College in the Fall
-13	Lina	24	White	Female	H.S. grad. tested at 12.0+	+1.0**	Applied to X-Ray Technician Program; awaiting results
7	Martin	27	White	Male	AH - 11th but tested at 12.0+	+1.0**	Enrolled in O.I.C. Job Readiness Program; seeking work, and attending Satellite Reading Academy
5	Darryl	30	Black	Male	10.0	+2.0**	Working as maintance worker and enrolled in O.I.C. GED program
4	Dennis	43	Black	Male	11.1	Obtained GED +1.9**	Accepted to Community College; working as shipping clerk

(continued)

Exhibit A

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full-Year Report (Entering 0-3 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
C-5	Ferdinand	26	Black	Male	Non-reader	+2.2*	Obtained Voc. training as welder, and subsequently hired
L-1	Karl	29	Black	Male	Non-reader	+6.0**	Employed by O.I.C. in Housekeeping. Also continuing education and starting vocational training
Mc-2	Ronetta	31	Black	Female	Non-reader	+6.0**	Obtained house through Redevelopment Authority. Has family, and continuing education in A.B.E.
M-9	Tom	38	Black	Male	Non-reader	+3.0***	O.I.C. air-conditioning training
H-4	Adam	28	Black	Male	Non-reader	+2.3***	Transferred to Halfway House Program outside EHRC
J-1	David	20	Black	Male	Non-reader	+2.8****	Employed as maintenance worker in job training position
M-1	Jim	26	Black	Male	Non-reader	+4.2****	Employed in building maintenance; attending A.B.E.
H-2	Sally	36	Black	Female	3.3 grd. lvl.	+3.2**	Working as switchboard operator and counselor aide; continuing at Reading Academy
R-3	Pete	50	Black	Male	Non-reader	+7.8**	Employed at Food Service company; continued tutoring at O.I.C.

*Employee Aptitude Survey
*Adult Basic Learning Exam
***Informal Reading Scale
****Peabody Indiv. Achv. Test

Exhibit D

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 10+ Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
B-6	Hal	43	Black	Male	9.8	Obtained GED +3.2**	Accepted to Community College; working as Physical Ed. Assistant (O.J.T.)
B-7	Mary	26	White	Female	11.0	Obtained GED +2.0	Accepted to Community College; employed on switchboard
O-1	Donald	24	White	Male	Attended to 10th but tested at 12.0	Obtained GED +3.0 by attend. +1.0 by achiev.	Accepted to Community College; summer work as sanitation worker
O-5	George	33	White	Male	Attended to 10th but tested at 12.0	Obtained GED +3.0 by attend. +1.0 by achiev.	Initially employed in construction; now as Adolescent Counselor; Community College part-time
F-2	Ben	25	Black	Male	10	No measurable change	
C-7	Herb	50	Black	Male	Attended to 10th but tested at 12.0+	Obtained GED +3.0 by attend. +1.0 by achiev**	Working as correspondence clerk; planning to attend Community College part-time
I-7	Syl	25	White	Male	H.S. grad but tested at 10.4	+1.1**	Attending Voc. Training Prog. at O.I.C. for mechanics
K-1	Dexter	37	Black	Male	H.S. grad but tested at 10.4	+2.6**	Hired as boiler room operator - O.J.T.
L-4	Gene	22	White	Male	9.8	Obtained GED +3.2**	Worked summer odd jobs while awaiting Fall start of Community College
P-4	Milburn	38	Black	Male	10.4	2.8**	Attending O.I.C. to continue GED work

**Adult Basic Learning Exam

Exhibit B

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 4-6 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
G-3	Frank	39	Black	Male	6.8	+2.5*	Worked initially as carpenter's helper, and then hired as nurses' aide (O.J.T. position)
H-8	Sam	31	Black	Male	3.7 (nb)	+4.3**	Working in Housekeeping; attending Satellite Reading Academy
K-2	Boris	36	Black	Male	3.7 (nb)	+3.0**	Working in Dietary Department of a hospital
C-6	Richard	33	Black	Male	5.6(nb)	+4.4*****	Accepted in vocational training program as welder
M-2	Bryan	31	Black	Male	4.6(nb)	+5.4*****	Hired as Residence Counselor
T-1	John	42	Black	Male	5.1(nb)	+6.9**	Working part-time (due to physical disabilities) as YMCA desk clerk
T-5	David	24	Black	Male	6.2	+6.8**	Working in Housekeeping Dept. of hospital; attending Reading Academy
P-7	Rita	33	Black	Female	5.1(nb)	+7.9**	Accepted to Community College Nursing Program
M-1	Paul	39	Black	Male	4.6(nb)	Refused re-testing	Accepted at a tailoring school
H-5	Pearl	42	Black	Female	5.6(nb)	Obtained GED +7.4**	Hired as office clerk

(continued)

Exhibit B

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 4-6 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
P-8	Willie	43	Black	Male	3.7(nb)	+4.9**	Partially physically disabled; working part-time as handyman and attending Reading Academy
S-7	Sean	27	Black	Male	4.1	3.3*	Maintenance worker at Recruiting Center
S-11	George	24	White	Male	4.6	.2**	Working and O.J.T. on switchboard and attending O.I.C. Basic Ed.
S-15	Joe	25	Black	Male	5.6	4.4**	Attending O.I.C. Job Readiness Program to help in obtaining a job
P-2	Chaim	26	Black	Male	6.8(nb)	No change	Relapse; returned to treatment
A-7	Louise	23	White	Female	Attend to 11th but tested at 5.6	4.4**	In training for Residence Counselor position for Rehabilitation Program

*Employee Aptitude Survey
**Adult Basic Learning Exam
***Informal Reading Scale
****Peabody Individual Achv. Test.
*****S.C.A.T.

(nb) - These enrollees showed signs of impaired thinking process, memory, and perceptual skills in medical, psychiatric and psychological examinations. Three (3) were high school graduates. (See text for discussion).

Exhibit C

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full-Year Report (Entering 7-9 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
A-9	Flipp	24	Black	Male	8.0	No change**	Working in Housekeeping
C-3	Carlos	41	Spn.	Male	4.6(nb)	Obtained GED 8.4	Accepted to Community College; practicing clerical skills
H-3	Coretta	31	Black	Female	Attended to 9th but test. at 12.0	Obtained GED +4 by attendance +1 by achiev.	Working as shipping clerk. Enrolled in O.I.C. Secretarial program; accepted to Community College
P-6	Ralph	28	White	Male	8.6	Obtained GED +4.4**	Worked summer odd jobs; will enter Community College in the Fall
A-1	Harry	25	Black	Male	H.S. grad. but tested at 9.2	3.8***	Employed as Nurse's Aide; accepted to X-Ray Technician School
A-2	Mike	31	White	Male	H.S. grad. but tested at 9.2	3.8*	Employed in building maintenance and has received promotion
M-3	Debbie	28	Black	Female	8.0	Obtained GED +5.0	Employed as office clerk
T-3	Ed	17	White	Male	Attended to 9th but tested at 11.0 level	Obtained GED +4 by attend. +2 by achiev.	Employed as a roofer; applied to Community College

(continued)

Exhibit C

Progress and Outcome of Pilot Group Completing
Eagleville Reading Academy
Full Year Report (Entering 7-9 Grade Level)

Code	Pseudonym	Age	Race	Sex	Entered ERA at Grade Level	Grade Level Progress	Behavioral Outcome
T-2	Odetta	28	Black	Female	H.S. grad. but tested at 8.0	4.0*	Working as Research Clerk
V-1	Jimmie	21	White	Male	H.S. grad. but tested at 9.2	3.8**	Hired as plumber/electrician helper
L-6	Carol	27	White	Female	6.8	1.9**	Hired as Recreation Counselor
H-7	Sammie	25	Black	Male	H.S. grad. but tested at 7.4	2.6**	Hired as Recreation Counselor
B-9	Bud	29	White	Male	9.0	Obtained GED +4.0	Working as a roofer
S-9	Klaus	23	Black	Male	Recvd. GED 7.4	4.6*	Hired as Recreation Counselor
C-9	Avery	40	Black	Male	Has H.S. diploma but tested at 9.2	3.8**	Employed in Housekeeping

*Employee Aptitude Survey
**Adult Basic Learning Exam
***Informal Reading Scale
****Peabody Indiv. Ach. Test.
*****School & College Ability Test

Note: Case C-3 - Spanish speaking in previous educational background.